

## **Appendix 2.4 - HHE Followback Program Questionnaires**

*Field investigation, site visit survey for facility*

*Field investigation, site visit survey for HHE investigator*

*Field investigation, report survey for facility*

*Field investigation, report survey for HHE investigator*

*Field investigation, one-year survey for facility*

*Consultation, report survey for facility*

*Consultation, report survey for HHE investigator*

*Consultation, one-year survey for facility*

## NIOSH Health Hazard Evaluation Site Visit Followup Survey

The questions in this survey ask about the NIOSH Health Hazard Evaluation thus far.

Please fill in the circles like this: •

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed

### Background

1. **If you were the REQUESTER**, how much have you talked to NIOSH investigator(s) about your expectations?
  - ☐ A Lot
  - ☐ A Little
  - ☐ Not At All
  - ☐ Does Not Apply;  
I Was **Not** the Requester
  
2. Did NIOSH visit the workplace in a reasonably short time after the Health Hazard Evaluation request was made?
  - ☐ Yes
  - ☐ No
  - ☐ Don't Know
  
3. If you don't think NIOSH visited quickly enough, what is the longest time that would have been reasonable?  
(Please mark **one** response)
 

Weeks

  - ☐ Time Was Okay or Does Not Apply
  
4. **If you were NOT the requester**, when you learned about the request, were you aware of the issues described in it?
  - ☐ Yes
  - ☐ No
  - ☐ Does Not Apply;  
I **WAS** the Requester
  
5. Has NIOSH kept you well informed of the plans for the Health Hazard Evaluation?
  - ☐ Yes
  - ☐ No, I Wanted To Know More
  - ☐ No, But I Didn't Need To Know
  
6. Do **you** think there is a health hazard **now**?
  - ☐ No Hazard
  - ☐ Yes, a Mild Hazard
  - ☐ Yes, a Moderate Hazard
  - ☐ Yes, a Severe Hazard
  - ☐ Don't Know

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## NIOSH Health Hazard Evaluation Site Visit Followup Survey

### Site Visit

7. In the opening conference discussions, were you fully able to express the issues as you see them?
8. At the end of the site visit, did the NIOSH investigator(s) give a satisfactory summary of what they did?
9. At the end of the site visit, did the NIOSH investigator(s) give a satisfactory description of future plans for the Health Hazard Evaluation?
10. Do you think the recommendations NIOSH investigator(s) made were **appropriate**?
11. Do you think the recommendations the NIOSH investigator(s) made were **practical**?
12. How would you describe each of the following during the NIOSH visit?

- ☐ Yes  
☐ No  
☐ I Did Not Attend  
☐ There Was No Opening Conference
- ☐ Yes  
☐ No  
☐ Don't Know
- ☐ Yes  
☐ No  
☐ Don't Know
- ☐ Yes  
☐ No  
☐ Don't Know  
☐ No Recommendations Were Made
- ☐ Yes  
☐ No  
☐ Don't Know  
☐ No Recommendations Were Made

- A. The time NIOSH investigator(s) spent with **employees**.
- B. The time NIOSH investigator(s) spent with **management**.
- C. The time NIOSH investigator(s) spent **seeing the facility** and the **work process**.
- D. The total time NIOSH investigator(s) spent **at the site**.

Too Much	Just Right	Not Enough	Don't Know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## NIOSH Health Hazard Evaluation Site Visit Followup Survey

13. Do you think the NIOSH investigator(s) were **objective**? 
☐ Yes  
☐ No  
☐ Don't Know
14. Do you think the NIOSH investigator(s) were **thorough**? 
☐ Yes  
☐ No  
☐ Don't Know

### Overall Thoughts about the HHE

15. What is your overall impression of the NIOSH Health Hazard Evaluation thus far? 
☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor
16. Please **print** here any comments that you have about the NIOSH Health Hazard Evaluation thus far.

### Information about You

17. Were you the requester of the Health Hazard Evaluation? 
☐ Yes  
☐ No
18. Which **one** of the following **best** describes your position **now**?
- |  |   |
|--|---|
| <input type="radio"/> Management (Local)                 | <input type="radio"/> Union Representative (Local)                  |
| <input type="radio"/> Management (Corporate)             | <input type="radio"/> Union Representative (International/National) |
| <input type="radio"/> Facility/Corporate Health & Safety | <input type="radio"/> Government Health & Safety Agent              |
| <input type="radio"/> Supervisory Employee               | <input type="radio"/> Consultant                                    |
| <input type="radio"/> Nonsupervisory Employee            | <input type="radio"/> No Longer Associated with the Facility        |
|  | <input type="radio"/> Other (Please Specify Below)                  |

**OVER** → → → → → → → → →

- (Please print your name in this order: first name, middle initial, last name. Leave a space between each.)

Name

[illegible]

## Title

[illegible]

## Facility

[illegible]

## Address

[illegible]

City

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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State

State	

Zip Code

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Area Code &amp; Telephone Number

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## When is the best time to phone you?

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**Thank you for taking the time to fill out this form. We appreciate your cooperation. Feel free to make a copy, but send us back the original survey form. Please mail completed form in the enclosed envelope to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, Ohio 45226.**

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## NIOSH Health Hazard Evaluation Site Visit Followup Survey for NIOSH Project Officers

Please fill in the circles completely like this: ●

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed

### The HHE Request and Background

1. How clearly were the issues described on the HHE request form?
  - ☐ Very Clearly
  - ☐ Fairly Clearly
  - ☐ Vaguely
  - ☐ Very Vaguely
  
2. How would you describe the **scope** of the request as indicated on the HHE request form?
  - ☐ Very Specific
  - ☐ Fairly Specific
  - ☐ Broad
  - ☐ Very Broad
  
3. How much did the requester's concerns change between the initial HHE request and the site visit?
  - ☐ Not At All
  - ☐ A Little
  - ☐ A Lot

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**NIOSH Health Hazard Evaluation  
Site Visit Followup Survey for  
NIOSH Project Officers**

4. How long before the request was made was its **main** issue a problem at the facility?
- ☐ Less Than A Year
  - ☐ 1-4 Years
  - ☐ 5 Or More Years
  - ☐ Don't Know
5. Before the HHE request, were there other efforts to address the main issue of the request?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
6. Were legal actions or workers' compensation claims, related to the issues in the HHE request, pending at the time the request was made?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know

**Labor-Management Issues**

7. How would you describe overall labor-management relations at the facility?
- ☐ Excellent
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
  - ☐ Does Not Apply
8. Do all of the parties associated with the facility agree about whether or not a health hazard exists or existed (or agree that they don't know )?
- ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
9. If there was a disagreement, where was it?  
(Mark all that apply.)
- ☐ Within Management
  - ☐ Within Labor (Employee or Union)
  - ☐ Between Management and Labor
  - ☐ No Disagreement
  - ☐ Does Not Apply

**NIOSH Health Hazard Evaluation  
Site Visit Followup Survey for  
NIOSH Project Officers**

10. Is there a labor-management health and safety committee at the facility?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
11. Is there a union at the facility?
- ☐ Yes
  - ☐ No
12. Were contract negotiations underway when the request was made?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ Does Not Apply

**The Evaluation Thus Far**

13. How much was **management opposed** to NIOSH conducting an HHE?
- ☐ Not At All
  - ☐ A Little
  - ☐ A Lot
  - ☐ Does Not Apply
14. How much were **employees opposed** to NIOSH conducting an HHE?
- ☐ Not At All
  - ☐ A Little
  - ☐ A Lot
  - ☐ Does Not Apply
15. How much was the **union opposed** to NIOSH conducting an HHE?
- ☐ Not At All
  - ☐ A Little
  - ☐ A Lot
  - ☐ Does Not Apply
16. Was there a delay scheduling the site visit on the part of labor or management at the facility?
- ☐ Yes
  - ☐ No
  - ☐ Does Not Apply



**NIOSH Health Hazard Evaluation  
Site Visit Followup Survey for  
NIOSH Project Officers**

A. What did you learn of the reason(s) for this delay?

17. How **technically** challenging was this HHE?
- ☐ Very Challenging
  - ☐ Somewhat Challenging
  - ☐ Somewhat Routine
  - ☐ Very Routine
18. Which of the following were/will be needed for this HHE?  
(Mark all that apply.)
- ☐ New Analytical or Sampling Methods
  - ☐ New Medical or Epi Assessment Tools
  - ☐ Consultation with IH or Medical Experts Outside HETAB
  - ☐ Consultation with IH or Medical Experts Outside NIOSH
  - ☐ New Contract Support
  - ☐ Purchase/Rental of Equipment or Supplies
  - ☐ None
19. Which of the following occurred during the site visit?  
(Mark all that apply.)
- ☐ Opening Conference
  - ☐ Walk-Through Tour
  - ☐ Informal Conversations with Individuals or Groups  
of Workers
  - ☐ Confidential Medical Interviews with Workers
  - ☐ Real-Time Environmental Monitoring
  - ☐ Collection of Industrial Hygiene or Bulk Samples
  - ☐ Medical Tests or Examinations
  - ☐ Closing Conference
20. How many days did you spend at the facility?
- ☐ 1 Day
  - ☐ 2 Days
  - ☐ 3 Days
  - ☐ 4 Days
  - ☐ 5 Days
  - ☐ 6 Days or More

**NIOSH Health Hazard Evaluation  
Site Visit Followup Survey for  
NIOSH Project Officers**

21. Please describe any workplace or worker safety and health improvements that have occurred so far as a result of the NIOSH involvement.

**A Health Hazard?**

**Medical and industrial hygiene project officers should answer these questions together**

22. Do ***you*** think there is a health hazard ***now***?
  - ☐ No Hazard
  - ☐ Yes, A Mild Hazard
  - ☐ Yes, A Moderate Hazard
  - ☐ Yes, A Severe Hazard
  - ☐ Undecided (Pending Data Analysis or Further Research)
23. Do ***you*** think there was a health hazard at the time the request was made?
  - ☐ Yes
  - ☐ No
  - ☐ Don't Know
24. For Q.22-23, did project officers agree completely on the responses?
  - ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
25. Did you identify health or safety problems not described in the original HHE request?
  - ☐ Yes
  - ☐ No

**Thank you for taking the time to fill out this form. We appreciate your cooperation. Feel free to make a copy, but send us back the original survey form. Please mail completed form in the enclosed envelope or place in interoffice mail to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, OH 45226.**

## NIOSH Health Hazard Evaluation Final Report Followup Survey

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The questions in this survey ask about the Health Hazard Evaluation since the first NIOSH site visit. Even if you are not in the same position as you were then, we still want to know your opinions.

Please fill in the circles like this: ●

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed.

### Activities since the First NIOSH Site Visit

1. Have any of the recommendations NIOSH made at the closing conference been implemented?
  - ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ No Recommendations Made
  
2. After the NIOSH visit, did NIOSH communicate with you as you expected?
  - ☐ Yes
  - ☐ No, I Wanted More Communication
  
3. Did NIOSH issue the final report in a reasonably short time after the site visit?
  - ☐ Yes
  - ☐ No
  - ☐ Don't Know
  
4. What is the longest amount of time that would have been reasonable?

Months

  - ☐ Time Was Okay or Does Not Apply

## NIOSH Health Hazard Evaluation *Final Report Followup Survey*

### Final Report

**The final report may have been a letter from the investigator(s) or a formal NIOSH report**

5. Did all affected employees have access to the report?
- ☐ Yes  
☐ No  
☐ Don't Know
6. Did you receive or see a copy of the report?
- ☐ Yes  
☐ No
7. Did you read any of the report?
- ☐ Yes  
☐ No
8. For each part of the report, indicate whether you read it or not. Mark "NA" for Not Applicable if the report didn't have this part. For each part that you read, indicate how useful it was.

	YES	NO	NA	*	Very Useful	Somewhat Useful	Not Useful
A. Highlights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Summary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Background	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Methods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Evaluation Criteria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Conclusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## NIOSH Health Hazard Evaluation Final Report Followup Survey

9. Please give your opinion about the following statements.

- A. The report was the right length.
- B. I understood the Highlights
- C. I understood the Summary
- D. I understood the report's technical information.
- E. The report addressed the issues described in the HHE request.

Strongly Agree	Mostly Agree	Mostly Disagree	Strongly Disagree	Does Not Apply
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Did you **only** see the Highlights page, and **not** the full report?

- ☐ Yes, I **only** saw the Highlights page
- ☐ No

11. If you **only** saw the Highlights page, did you understand it?

- ☐ Yes
- ☐ No
- ☐ Does Not Apply

12. If you **only** saw the Highlights page, did you find it useful?

- ☐ Yes
- ☐ No
- ☐ Does Not Apply

## NIOSH Health Hazard Evaluation Final Report Followup Survey

***If you did not read the Report or Highlights page, skip to Q. 17 now.***

13. We would like to know how well you think the report described the NIOSH findings.  
Which of the following best describes **what you think NIOSH found**?

- ☐ NIOSH found there was a health hazard.
- ☐ NIOSH found there was not a health hazard.
- ☐ NIOSH made no definite conclusion about whether there was a health hazard.
- ☐ NIOSH made a conclusion, but it was not clear to me.

14. Do **you** agree with the NIOSH conclusion?

- ☐ Yes
- ☐ No
- ☐ Don't Know

15. On balance, were the recommendations that NIOSH made **appropriate**?

- ☐ Yes
- ☐ No

16. On balance, were the recommendations that NIOSH made **practical**?

- ☐ Yes
- ☐ No

17. Will you be part of decision-making related to the NIOSH recommendations?

- ☐ Yes, And I Have Final Authority
- ☐ Yes
- ☐ No

18. Do **you** think there was a health hazard **at the time NIOSH investigated** the work site?

- ☐ No Hazard
- ☐ Yes, a Mild Hazard
- ☐ Yes, a Moderate Hazard
- ☐ Yes, a Severe Hazard
- ☐ Don't Know

**NIOSH Health Hazard Evaluation  
*Final Report Followup Survey***

19. Do you think there is a health hazard **now**?

- ☐ No Hazard
- ☐ Yes, a Mild Hazard
- ☐ Yes, a Moderate Hazard
- ☐ Yes, a Severe Hazard
- ☐ Don't Know

**Your Overall Thoughts about the HHE**

20. Were you involved in making the HHE request?

- ☐ Yes
- ☐ No

21. What is your overall impression of the NIOSH Health Hazard Evaluation **now**?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

22. Please **print** here any comments that you have about the NIOSH Health Hazard Evaluation.



**NIOSH Health Hazard Evaluation  
Final Report Followup Survey**

**Information about You**

23. Which **one** of the following **best** describes your position **now**?

- |  |   |
|--|---|
| <input type="radio"/> Management (Local)                 | <input type="radio"/> Union Representative (Local)                  |
| <input type="radio"/> Management (Corporate)             | <input type="radio"/> Union Representative (International/National) |
| <input type="radio"/> Facility/Corporate Health & Safety | <input type="radio"/> Government Health & Safety Agent              |
| <input type="radio"/> Supervisory Employee               | <input type="radio"/> Consultant                                    |
| <input type="radio"/> Nonsupervisory Employee            | <input type="radio"/> No Longer Associated with the Facility        |
|  | <input type="radio"/> Other (Please Specify Below)                  |

24. Your name, address, and phone number are shown below. Please note if any of this information has changed.

**Thank you for taking the time to fill out this form. We appreciate your cooperation. Feel free to make a copy, but send us back the original survey form. Please mail completed form in the enclosed envelope to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, OH 45226.**

**NIOSH Health Hazard Evaluation  
Final Report Close-Out  
Followup Survey for NIOSH Project Officers**

Please fill in the circles like this: •

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed

**Cooperation**

1. Throughout the evaluation, how cooperative was **management** in providing you with requested information and documents?
  - ☐ Very Cooperative
  - ☐ Mostly Cooperative
  - ☐ Mostly Uncooperative
  - ☐ Very Uncooperative
  - ☐ Not Applicable
  
2. Throughout the evaluation, how cooperative were **employees** in providing you with requested information and documents?
  - ☐ Very Cooperative
  - ☐ Mostly Cooperative
  - ☐ Mostly Uncooperative
  - ☐ Very Uncooperative
  - ☐ Not Applicable
  
3. Throughout the evaluation, how cooperative was the **union** in providing you with requested information and documents?
  - ☐ Very Cooperative
  - ☐ Mostly Cooperative
  - ☐ Mostly Uncooperative
  - ☐ Very Uncooperative
  - ☐ Not Applicable

**NIOSH Health Hazard Evaluation  
Final Report Close-Out  
Followup Survey for NIOSH Project Officers**

**Your Activities**

4. Did you measure actual exposures in the facility?
- ☐ Yes
  - ☐ No
- A. Were any employee exposures that you measured above an OSHA PEL?
- ☐ Yes
  - ☐ No
  - ☐ No Applicable PELs
  - ☐ Did Not Measure Exposures
- B. Were any employee exposures that you measured above a NIOSH REL or ACGIH TLV?
- ☐ Yes
  - ☐ No
  - ☐ No Applicable RELs or TLVs
  - ☐ Did Not Measure Exposures
5. What activities occurred in visit(s) to the facility **after** the initial site visit? (Mark **all** that apply.)
- ☐ No Subsequent Visits
  - ☐ Informal Conversations with Workers
  - ☐ Confidential Medical Interviews with Workers
  - ☐ Real-Time Environmental Monitoring
  - ☐ Collection of Industrial Hygiene Samples
  - ☐ Medical Tests or Examinations (Including Workers' Compensation)
  - ☐ Collection/Review of Employee Health Records
  - ☐ Collection/Review of OSHA 200 Logs
  - ☐ Other (Please Specify)
6. Mark **all** of the following that caused a delay in completing the final report.
- ☐ No Delay
  - ☐ Waiting for Results from Lab
  - ☐ Waiting for/Collecting More Info/Data about the Facility (or Exposures)
  - ☐ Delays Due To the Review Process
  - ☐ Competing Demands on Project Officer(s) Time
  - ☐ Waiting for Info/Report from Other Groups
  - ☐ Project Officer Assignment Changes/Transitions
  - ☐ Problems Reaching Requester or Other Key Parties
  - ☐ Methods or Assessment Tool Development
  - ☐ Other (Please Specify)

**NIOSH Health Hazard Evaluation  
Final Report Close-Out  
Followup Survey for NIOSH Project Officers**

**A Health Hazard?**

**Medical and industrial hygiene project officers should answer these questions together**

7. Based on what you know now, do you think there was a health hazard ***at the time of the first site visit?***
- ☐ No Hazard
  - ☐ Yes, A Mild Hazard
  - ☐ Yes, A Moderate Hazard
  - ☐ Yes, A Severe Hazard
  - ☐ Don't Know
8. Do ***you*** think there was a ***past*** health hazard?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
9. For Q.7 and Q.8, did project officers agree completely in their responses?
- ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
10. Did you identify health or safety problems not described in the original HHE request?
- ☐ Yes
  - ☐ No

**Potential for Secondary Impact**

11. What plans do you have to disseminate the findings from this evaluation beyond the work site?

(Mark ***all*** that apply.)

- ☐ No Plans
- ☐ Don't Know
- ☐ Peer-Reviewed Journal or Scientific Meeting
- ☐ Trade Publication or Meeting
- ☐ Union Publication or Meeting
- ☐ NIOSH Document
- ☐ Other (Please Specify)

**NIOSH Health Hazard Evaluation  
Final Report Close-Out  
Followup Survey for NIOSH Project Officers**

12. How well are the issues you assessed in this evaluation described in the scientific literature?
- ☐ Very Well
  - ☐ Fairly Well
  - ☐ Not Well at All
13. Was this evaluation in a new or rapidly growing industry?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
14. Do you consider your findings evidence of a new occupational hazard?
- ☐ Yes
  - ☐ No
15. Was a new method or assessment tool developed?  
(Mark **all** that apply.)
- ☐ No
  - ☐ Analytical Method
  - ☐ Sampling Method
  - ☐ Medical/Epi Assessment Tool
  - ☐ Other
16. Please describe any workplace or worker safety and health improvements that have occurred so far as a result of the NIOSH involvement.

**Thanks for taking the time to fill out this form. Please mail completed form in the enclosed envelope or place in interoffice mail to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, OH 45226.**

**NIOSH Health Hazard Evaluation  
One Year After Final Report  
Followup Survey**

These questions ask about what has taken place at the work site *since NIOSH completed* the Health Hazard evaluation. Even if you are not in the same position as you were then, we still want to know your opinions.

Please fill in the circles like this: •

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed.

**General Questions**

1. Since the NIOSH evaluation, what other groups, agencies, or persons have evaluated the issues raised in the Health Hazard Evaluation request? (Mark all that apply.)

- ☐ No Other Evaluation
- ☐ Other Federal Agency
- ☐ State or Local Agency
- ☐ Private Consultant
- ☐ Other (Please Specify Below)

- ☐ Internal Evaluation

2. Which **one** of the following **best** describes your position **now**?

- |  |   |
|--|---|
| <input type="radio"/> Management (Local)                 | <input type="radio"/> Union Representative (Local)                  |
| <input type="radio"/> Management (Corporate)             | <input type="radio"/> Union Representative (International/National) |
| <input type="radio"/> Facility/Corporate Health & Safety | <input type="radio"/> Government Health & Safety Agent              |
| <input type="radio"/> Supervisory Employee               | <input type="radio"/> Consultant                                    |
| <input type="radio"/> Nonsupervisory Employee            | <input type="radio"/> No Longer Associated with the Facility        |
|  | <input type="radio"/> Other (Please Specify Below)                  |

## NIOSH Health Hazard Evaluation One Year After Final Report Followup Survey

### Questions about NIOSH Recommendations

3. The recommendations NIOSH made are printed in the left column. Recommendations made to managers begin here; recommendations made to employees begin on page 6. Please mark one response per recommendation, and explain in the box provided. Please respond to ***all***, to the best of your knowledge.

RECOMMENDATION	What has been done to implement?	
3A.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3B.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3C.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3D.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3E.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>

## NIOSH Health Hazard Evaluation One Year After Final Report Followup Survey

### Questions about NIOSH Recommendations - continued

3. The recommendations NIOSH made are printed in the left column. Recommendations made to managers begin here; recommendations made to employees begin on page 6. Please mark one response per recommendation, and explain in the box provided. Please respond to ***all***, to the best of your knowledge.

RECOMMENDATION	What has been done to implement?	
3F.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3G.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3H.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3I.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3J.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>



## NIOSH Health Hazard Evaluation One Year After Final Report Followup Survey

### Questions about NIOSH Recommendations - continued

3. The recommendations NIOSH made are printed in the left column. Recommendations made to managers begin here; recommendations made to employees begin on page 6. Please mark one response per recommendation, and explain in the box provided. Please respond to ***all***, to the best of your knowledge.

RECOMMENDATION	What has been done to implement?	
3K.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3L.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3M.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3N.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3O.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>

## NIOSH Health Hazard Evaluation One Year After Final Report Followup Survey

### Questions about NIOSH Recommendations - continued

3. The recommendations NIOSH made are printed in the left column. Recommendations made to managers begin here; recommendations made to employees begin on page 6. Please mark one response per recommendation, and explain in the box provided. Please respond to ***all***, to the best of your knowledge.

RECOMMENDATION	What has been done to implement?	
3P.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3Q.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3R.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3S.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
3T.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>

**NIOSH Health Hazard Evaluation  
One Year After Final Report  
Followup Survey**

**Questions about NIOSH Recommendations - continued**

4. Recommendations made to employees:

RECOMMENDATION	Has there been improvement concerning this?	
4A.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<div>Please Explain</div>
4B.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<div>Please Explain</div>
4C.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<div>Please Explain</div>
4D.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<div>Please Explain</div>
4E.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<div>Please Explain</div>

**NIOSH Health Hazard Evaluation  
One Year After Final Report  
Followup Survey**

**Questions about NIOSH Recommendations - continued**

4. Recommendations made to employees:

RECOMMENDATION	Has there been improvement concerning this?	
4F.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<b>Please Explain</b>    
4G.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<b>Please Explain</b>    
4H.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<b>Please Explain</b>    
4I.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<b>Please Explain</b>    
4J.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	<b>Please Explain</b>    

**NIOSH Health Hazard Evaluation  
One Year After Final Report  
Followup Survey**

5. Have **workplace conditions** improved since NIOSH responded to the evaluation request?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ Does Not Apply
6. In your opinion, how much did implementing one or more of the NIOSH recommendations contribute to improving workplace conditions?
- ☐ A Lot
  - ☐ A Little
  - ☐ Not At All
  - ☐ Does Not Apply
7. Has **health among employees** at the work site improved since NIOSH responded to the evaluation request?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ Does Not Apply
8. In your opinion, how much did implementing one or more of the NIOSH recommendations contribute to improving employee health?
- ☐ A Lot
  - ☐ A Little
  - ☐ Not At All
  - ☐ Does Not Apply
9. Do you think there is a health hazard **now**?
- ☐ Yes
  - ☐ No
10. How would you describe the hazard?
- ☐ No Hazard
  - ☐ Mild
  - ☐ Moderate
  - ☐ Severe

**NIOSH Health Hazard Evaluation  
One Year After Final Report  
Followup Survey**

11. What is your overall impression of the NIOSH evaluation now?

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Please tell us the specific reason(s) for your answer.

12. Your name, address, and phone number are shown below. Please note if any of this information has changed.

**Thank you for taking the time to fill out this form. We appreciate your cooperation. Feel free to make a copy, but send us back the original survey form. Please mail completed form in the enclosed envelope to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, OH 45226.**

**NIOSH Health Hazard Evaluation  
Close Out Letter Followup Survey**

The questions in this survey ask about the NIOSH response to the Health Hazard Evaluation request. Even if you are not in the same position as you were then, we still want to know your opinions.

Please fill in the circles like this: •

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed.

**General Questions**

1. Do **you** think there is a health hazard **now**?
  - ☐ No Hazard
  - ☐ Yes, A Mild Hazard
  - ☐ Yes, A Moderate Hazard
  - ☐ Yes, A Severe Hazard
  - ☐ Don't Know
  
2. Do **you** think there was a health hazard at the time NIOSH Health Hazard Evaluation request was made?
  - ☐ Yes
  - ☐ No
  - ☐ Don't Know
  
3. Did NIOSH give a satisfactory explanation of why there would not be an onsite evaluation?
  - ☐ Yes
  - ☐ No

## NIOSH Health Hazard Evaluation Close Out Letter Followup Survey

### The NIOSH Response

4. Did you receive or see a final letter from the NIOSH investigator?
- ☐ Yes  
☐ No

***If you answered No to Q. 4, there is no need to complete any more of this survey, unless you wish to add comments that you may have.***

5. Did NIOSH send the final letter in a reasonably short time after the request was made?
- ☐ Yes  
☐ No  
☐ No Opinion  
☐ Does Not Apply

6. If you don't think NIOSH sent the final letter quickly enough, what is the longest amount of time that would have been reasonable? (Please make **one** response.)

Months

- ☐ Does Not Apply

7. How do you feel about each of the following regarding the final letter?

A. The letter was helpful **to me**.

B. I understood the letter's technical information.

C. The letter addressed the issues raised in the request.

	Strongly Agree	Mostly Agree	Mostly Disagree	Strongly Disagree	Does Not Apply
A. The letter was helpful <b>to me</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. I understood the letter's technical information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. The letter addressed the issues raised in the request.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## NIOSH Health Hazard Evaluation *Close Out Letter Followup Survey*

8. Do you think the recommendations NIOSH made in the letter were ***appropriate***?
- ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
9. Do you think the recommendations NIOSH made in the letter were ***practical***?
- ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
10. Will you be part of decision-making related to the NIOSH recommendations?
- ☐ Yes, And I Have Final Authority
  - ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
11. Did NIOSH send information along with the letter?
- ☐ Yes
  - ☐ No
12. Did you read any of this information?
- ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
13. Did you share any of this information with anyone else at the worksite?
- ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
14. Was this information ***helpful***?
- ☐ Yes
  - ☐ Somewhat Helpful
  - ☐ No
  - ☐ Does Not Apply

## NIOSH Health Hazard Evaluation *Close Out Letter Followup Survey*

15. Did NIOSH suggest that another agency or organization be contacted for assistance?
- ☐ Yes, A Specific Agency or Organization
  - ☐ Yes, But Not A Specific Agency or Organization
  - ☐ No
16. Have you or anyone else contacted this agency or organization?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ Does Not Apply
17. How would you rate the **thoroughness** of the NIOSH response?
- ☐ Excellent
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
18. What is your overall impression of the NIOSH response to the Health Hazard Evaluation request?
- ☐ Excellent
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
19. Please **print** here any comments that you have about the NIOSH response to the request.

**NIOSH Health Hazard Evaluation  
Close Out Letter Followup Survey**

**Information about You**

20. Which **one** of the following **best** describes your position **now**?

- |  |   |
|--|---|
| <input type="radio"/> Management (Local)                 | <input type="radio"/> Union Representative (National/International) |
| <input type="radio"/> Management (Corporate)             | <input type="radio"/> Government Health & Safety Agent              |
| <input type="radio"/> Facility/Corporate Health & Safety | <input type="radio"/> Consultant                                    |
| <input type="radio"/> Supervisory Employee               | <input type="radio"/> No Longer Associated with the Facility        |
| <input type="radio"/> Nonsupervisory Employee            | <input type="radio"/> Other (Please Specify Below)                  |
| <input type="radio"/> Union Representative (Local)       |   |

21. Were you involved in making the HHE request?

- ☐ Yes  
☐ No

22. Your name, address, and phone number are shown below. Please note if any of this information has changed.

**Thank you for taking the time to fill out this form.  
We appreciate your cooperation. Feel free to make a copy,  
but send us back the original survey form. Please mail  
completed form in the enclosed envelope to:  
Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway,  
Cincinnati, OH 45226.**

**NIOSH Health Hazard Evaluation  
Close-Out, Category 2  
Followup Survey for NIOSH Project Officers**

Please fill in the circles like this: •

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed

### The HHE Request and Background

- |  |   |
|--|---|
| 1. How clearly were the issues described on the HHE request form?                                      | <ul style="list-style-type: none"><li><input type="radio"/> Very Clearly</li><li><input type="radio"/> Fairly Clearly</li><li><input type="radio"/> Vaguely</li><li><input type="radio"/> Very Vaguely</li></ul>      |
| 2. How would you describe the scope of the request as described on the HHE request?                    | <ul style="list-style-type: none"><li><input type="radio"/> Very Specific</li><li><input type="radio"/> Fairly Specific</li><li><input type="radio"/> Broad</li><li><input type="radio"/> Very Broad</li></ul>        |
| 3. How long before the actual request was the <b>main, underlying issue</b> a problem at the facility? | <ul style="list-style-type: none"><li><input type="radio"/> Less Than a Year</li><li><input type="radio"/> 1-4 Years</li><li><input type="radio"/> 5 or More Years</li><li><input type="radio"/> Don't Know</li></ul> |

**NIOSH Health Hazard Evaluation  
Close-Out, Category 2  
Followup Survey for NIOSH Project Officers**

4. Before the HHE request, were there other efforts to address the ***main issue*** underlying the request?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
5. Were legal actions of workers' compensation claims, related to the issues in the HHE request, pending at the time the request was made?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know
6. How would you describe overall labor-management relations at the facility?
- ☐ Excellent
  - ☐ Good
  - ☐ Fair
  - ☐ Poor
  - ☐ Don't Know or Doesn't Apply
7. Did all of the parties associated with the facility agree about whether or not a health hazard existed? (Mark all that apply.)
- ☐ Yes
  - ☐ No, There was Disagreement within Management
  - ☐ No, There was Disagreement within Labor (Employee or Union)
  - ☐ No, There was Disagreement between Management and Labor
  - ☐ Don't Know
8. Is there a union at the facility?
- ☐ Yes
  - ☐ No
  - ☐ Don't Know

**NIOSH Health Hazard Evaluation  
Close-Out, Category 2  
Followup Survey for NIOSH Project Officers**

9. Did you send information to the requester or others involved with the request?  
(Mark all that apply)

- ☐ Yes, I sent information that I wrote
- ☐ Yes, I sent information that was already prepared
- ☐ No Information Sent

10. Did you refer the requester to and/or contact someone else to conduct an evaluation?  
(Mark all that apply.)

- ☐ Yes, I Referred Requester to a Specific Agency or Person
- ☐ Yes, I Contacted Someone Else
- ☐ No

11. About how much time did you spend  
responding to this request?

- ☐ A Few Hours, But Less than One Day
- ☐ One Day
- ☐ A Few Days, But Less than One Week
- ☐ One Week or More

12. Mark **all** of the following that caused a delay in completing the final report.

- ☐ No Delay
- ☐ Waiting for Results from Lab
- ☐ Waiting for (or to Collect) More Information/Data about the Facility
- ☐ Delays Due To the Review Process
- ☐ Competing Demands on Project Officer(s) Time
- ☐ Waiting for Information/Report from Other Groups
- ☐ Project Officer Assignment Changes/Transitions
- ☐ Problems reaching Requester or Other Key parties
- ☐ Other (Specify Below)

Thank you for taking the time to complete this survey. Please mail completed form in the enclosed envelope or place in interoffice mail to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, OH 45226.



**NIOSH Health Hazard Evaluation  
One Year After Closeout Letter  
Followup Survey**

These questions ask about what has taken place at the work site *since NIOSH completed* the Health Hazard Evaluation. Even if you are not in the same position as you were then, we still want to know your opinions.

Please fill in the circles like this: •

Please select the **one** answer most closely reflecting your opinion, unless otherwise instructed.

**General Questions**

1. Did NIOSH refer you to another agency or person for assistance?
  - ☐ Yes
  - ☐ No
  - ☐ Does Not Apply; I Did Not Make the Request
  
2. Have you contacted this agency or person?
  - ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
  
3. Did you get a helpful response?
  - ☐ Yes
  - ☐ No
  - ☐ Does Not Apply
  
4. Which **one** of the following **best** describes your position **now**?
  - ☐ Management (Local)
  - ☐ Management (Corporate)
  - ☐ Facility/Corporate Health & Safety
  - ☐ Supervisory Employee
  - ☐ Nonsupervisory Employee
  - ☐ Union Representative (Local)
  - ☐ Union Representative (International/National)
  - ☐ Government Health & Safety Agent
  - ☐ Consultant
  - ☐ No Longer Associated with the Facility
  - ☐ Other (Please Specify Below)

**NIOSH Health Hazard Evaluation  
One Year After Closeout Letter  
Followup Survey**

5. Since the NIOSH evaluation, what other groups, agencies, or persons have evaluated the issues raised in the Health Hazard Evaluation request? (Mark all that apply.)

- ☐ No Other Evaluation
- ☐ Other Federal Agency
- ☐ State or Local Agency
- ☐ Private Consultant
- ☐ Other (Please Specify Below)

- ☐ Internal Evaluation

6. Have **workplace conditions** improved since NIOSH responded to the evaluation request?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Does Not Apply

7. In your opinion, how much did implementing one or more of the NIOSH recommendations contribute to improving workplace conditions?

- ☐ A Lot
- ☐ A Little
- ☐ Not At All
- ☐ Does Not Apply

8. Has **health among employees** at the work site improved since NIOSH responded to the evaluation request?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Does Not Apply

9. In your opinion, how much did implementing one or more of the NIOSH recommendations contribute to improving employee health?

- ☐ A Lot
- ☐ A Little
- ☐ Not At All
- ☐ Does Not Apply

**NIOSH Health Hazard Evaluation  
One Year After Closeout Letter  
Followup Survey**

**Questions about NIOSH Recommendations**

10. Each recommendation NIOSH made in this Health Hazard Evaluation is printed in the left column below. Please mark **one** response per recommendation **and** explain in the box provided.

**If no recommendations are printed, go to Q. 11.**

RECOMMENDATION	What has been done to implement?	
10A.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
10B.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
10C.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
10D.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>
10E.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 100px;"></div>

**NIOSH Health Hazard Evaluation  
One Year After Closeout Letter  
Followup Survey**

**Questions about NIOSH Recommendations - continued**

10. Each recommendation NIOSH made in this Health Hazard Evaluation is printed in the left column below. Please mark **one** response per recommendation **and** explain in the box provided.  
**If no recommendations are printed, go to Q. 11.**

RECOMMENDATION	What has been done to implement?	
10F.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10G.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10H.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10I.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10J.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>

## NIOSH Health Hazard Evaluation One Year After Closeout Letter Followup Survey

### Questions about NIOSH Recommendations - continued

10. Each recommendation NIOSH made in this Health Hazard Evaluation is printed in the left column below. Please mark **one** response per recommendation **and** explain in the box provided.  
**If no recommendations are printed, go to Q. 11.**

RECOMMENDATION	What has been done to implement?	
10K.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10L.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10M.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10N.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>
10O.	<input type="radio"/> Action Taken _____ <div style="text-align: center;">Mo / Yr</div> <input type="radio"/> Action Planned <input type="radio"/> No Action Planned <input type="radio"/> Don't Know	<b>Please Explain</b> <div style="height: 80px;"></div>

**NIOSH Health Hazard Evaluation  
One Year After Closeout Letter  
Followup Survey**

11. Do you think there is a health hazard now?

- ☐ Yes
- ☐ No

12. How would you describe the hazard?

- ☐ No Hazard
- ☐ Mild
- ☐ Moderate
- ☐ Severe

13. Your name, address, and phone number are shown below. Please note if any of this information has changed.

**Thank you for taking the time to fill out this form. We appreciate your cooperation. Feel free to make a copy, but send us back the original survey form. Please mail completed form in the enclosed envelope to: Barbara Jenkins, NIOSH R-9, 4676 Columbia Parkway, Cincinnati, OH 45226.**